# **Complete Summary**

### **TITLE**

Obstetrics: percentage of women having a general anaesthetic for caesarean section.

## SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

### **Measure Domain**

### **PRIMARY MEASURE DOMAIN**

**Process** 

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the <u>Measure Validity</u> page.

## **SECONDARY MEASURE DOMAIN**

Does not apply to this measure

## **Brief Abstract**

### **DESCRIPTION**

This measure is used to assess the percentage of women having a general anaesthetic for caesarean section.

## **RATIONALE**

This indicator monitors the number of women who have a caesarean section performed under general anaesthesia.

There is now evidence that women who are having a caesarean section should be offered regional anaesthesia rather than general anaesthesia because it is safer and results in less maternal and neonatal morbidity.

## PRIMARY CLINICAL COMPONENT

Obstetrics; caesarean section; general anaesthesia

### **DENOMINATOR DESCRIPTION**

Total number of women having a caesarean section (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

### **NUMERATOR DESCRIPTION**

Total number of women having a general anaesthetic for a caesarean section (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## **Evidence Supporting the Measure**

## **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

# **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Unspecified

## **State of Use of the Measure**

### STATE OF USE

Current routine use

### **CURRENT USE**

Internal quality improvement

## **Application of Measure in its Current Use**

### **CARE SETTING**

Hospitals

## PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Single Health Care Delivery Organizations **TARGET POPULATION AGE** Unspecified **TARGET POPULATION GENDER** Female (only) STRATIFICATION BY VULNERABLE POPULATIONS Unspecified **Characteristics of the Primary Clinical Component** INCIDENCE/PREVALENCE Unspecified **ASSOCIATION WITH VULNERABLE POPULATIONS** Unspecified **BURDEN OF ILLNESS** Unspecified **UTILIZATION** Unspecified **COSTS** Unspecified **Institute of Medicine National Healthcare Quality Report Categories IOM CARE NEED** 

**Getting Better** 

## **IOM DOMAIN**

Effectiveness

## **Data Collection for the Measure**

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

Women having a caesarean section

### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Total number of women having a caesarean section

Refer to the original measure documentation for specific International Classification of Diseases, Tenth Revision, Australian Modification (ICD-10-AM) codes.

### **Exclusions**

Unspecified

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition Institutionalization Therapeutic Intervention

### **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Total number of women having a general anaesthetic\* for a caesarean section

\*General anaesthetic includes women undergoing a primary general anaesthetic and includes conversions from regional to general anaesthetic where intubation is required to control the airway.

Refer to the original measure documentation for specific International Classification of Diseases, Tenth Revision, Australian Modification (ICD-10-AM) codes.

### **Exclusions**

Unspecified

# MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Encounter or point in time

### **DATA SOURCE**

Administrative data Medical record

## **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

## **PRE-EXISTING INSTRUMENT USED**

Unspecified

## **Computation of the Measure**

### **SCORING**

Rate

## **INTERPRETATION OF SCORE**

Better quality is associated with a lower score

## **ALLOWANCE FOR PATIENT FACTORS**

Unspecified

### STANDARD OF COMPARISON

External comparison at a point in time External comparison of time trends Internal time comparison

## **Evaluation of Measure Properties**

### **EXTENT OF MEASURE TESTING**

Unspecified

## **Identifying Information**

### **ORIGINAL TITLE**

Indicator area 4: general anaesthesia for caesarean section CI 4.1.

### **MEASURE COLLECTION**

Australian Council on Healthcare Standards (ACHS) Equip Clinical Indicators

### **MEASURE SET NAME**

**Obstetrics Indicators** 

## **DEVELOPER**

Australian Council on Healthcare Standards

## **FUNDING SOURCE(S)**

Funding is direct Australian Council on Healthcare Standards (ACHS) funding sourced through our membership. ACHS does not receive external funding from the government or other sources.

## **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Our terms of reference dictate the composition of the working parties that develop our indicators and include the following:

- Two Clinicians -- nominated by the relevant specialty college/association/society, one nominated to be the chair of the working party
- Private Hospital Representative -- nominated by the Australian Private Hospital Association
- Consumer Representative -- nominated by the Consumer Health Forum of Australia
- Coding Representative -- nominated by the National Centre for Clinical classification on Health
- Quality Health New Zealand, nominated by QHNZ (if applicable)
- Epidemiological/Clinical Research Representative, Director of Health Services Research Group, University of Newcastle
- Australian Council on Healthcare Standards (ACHS) Representatives -- Clinical Director, Coordinator, Administrative Assistant
- Other Expert Stakeholders, as required

### FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

### **ADAPTATION**

Measure was not adapted from another source.

### **RELEASE DATE**

1995 Jan

#### **REVISION DATE**

2009 Jan

### **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2008. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2007 Dec. 776 p.

## SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

### **MEASURE AVAILABILITY**

The individual measure, "Indicator Area 4: General Anaesthesia for Caesarean Section CI 4.1," is published in "ACHS Clinical Indicator Users' Manual 2009."

For more information contact, the Australian Council on Healthcare Standards (ACHS), 5 Macarthur Street, ULTIMO NSW 2007; Phone: (02) 9281 9955; Fax: (02) 9211 9633; E-mail: <a href="mailto:pos@achs.org.au">pos@achs.org.au</a>; Web site: <a href="mailto:www.achs.org.au">www.achs.org.au</a>.

### **COMPANION DOCUMENTS**

The following is available:

 Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p. This document is available in Portable Document Format (PDF) from the <u>Australian Council on Healthcare Standards (ACHS)</u> Web site.

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on October 21, 2008. This NQMC summary was updated by ECRI Institute on June 30, 2009.

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